

# REQUEST FOR UTILITY SERVICE

CITY OF FREDERICKSBURG, VIRGINIA

*Please complete the appropriate section below and return to:*

Utility Billing  
P.O. Box 7447, Fredericksburg, VA 22404  
Phone: (540) 372-1182 - Fax (540) 372-1215

## CUSTOMER INFORMATION:

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

If Business, Name of Person Responsible for Payment: \_\_\_\_\_

Service (Meter) Address: \_\_\_\_\_

Billing Address if different from Service Address: \_\_\_\_\_  
\_\_\_\_\_

Social Security #: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

Secondary Social Security #: \_\_\_\_\_ \*Business Federal I.D.#: \_\_\_\_\_

\*Need Proof of Federal Identification Number

DMV #: \_\_\_\_\_

## EQUIFAX INFORMATION: (Residential Only)

Date of Birth: \_\_\_\_\_ Gender (check one) Female Male

Current Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## WISH TO:

☐ Begin **WATER** Service as of: \_\_\_\_\_

☐ Terminate

☐ Begin **TRASH** Service as of: \_\_\_\_\_  
(Bi-monthly - Paid in Advance - Pro-Rated)

☐ Terminate

☐ Begin **RECYCLING** Service as of: \_\_\_\_\_  
(No charge - Residential)

☐ Terminate

## CHANGE OF MAILING ADDRESS ONLY:

Old mailing address: \_\_\_\_\_  
\_\_\_\_\_

New mailing address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE OF CUSTOMER

## FOR OFFICE USE ONLY

NO DEPOSIT REQUIRED \_\_\_\_\_ DEPOSIT REQUIRED \_\_\_\_\_ EQUIFAX TRACKING # \_\_\_\_\_